Iowa Department of Human Services

REQUEST TO AMEND HEALTH INFORMATION

Name of Client	Date of Request	
Mailing Address – Street or P.O. Box	Social Security Number, Patient Number, or State ID	
City, State, and Zip Code	Phone Number	Birth Date

Check all of the programs that apply: ☐ Medicaid ☐ ***hawk-i*** ☐ Facility

To be completed by the client or the client's personal representative

I request that the Department of Human Services amend the following health information in my record. I understand that I can expect an answer in 60 days unless the Department writes to me, giving me the reasons more time is needed (up to 30 more days).

I understand that the Department is not required to agree to my request, but if it does agree, the Department will make the amendments as requested and will provide them to the persons I have identified and to other persons who may have relied on the information to my harm.

I also understand that if my request is not approved, I may appeal the denial of my request. If I lose my appeal, the Department will attach information regarding my request and the appeal to my record.

If I do not appeal, I may ask the Department to include my request and the Department's decision with any future releases of the information, and the Department will do so.

(Be specific about the answers to these questions. Attach additional pages if necessary.)

I would like the following health information amended: *(Name the subject of the information. Give the dates of the information. It cannot be before April 14, 2003.)*

_____

_____

I want this information amended as follows: _____

_____

_____

I want this information amended because: _____

_____

_____

I want this amendment sent to: (Name of person or agency and address): _____

_____

Client or Personal Representative's Signature	Date

To be completed by Privacy Office	
☐ Request is granted. ☐ Request is denied. Reason for denial: _____ _____	
Manual and Rule Reference:	
Privacy Officer's or Official's Signature	Date

RIGHT OF APPEAL

If you disagree with any action or failure to act concerning this request, you have the right to appeal, as stated in 441 Iowa Administrative Code Chapter 7. To appeal means to ask the Department of Human Services to look one more time at the decision you think is wrong.

How to Appeal. You must appeal in writing. Mail your appeal to the Appeals Section of the Department of Human Services (DHS) at the address given below. There is no fee or charge for an appeal. Your appeal does not need to be on an appeal form, but if you would like to use a form, the appeal forms may be obtained at your local DHS county office, from **hawk-i** customer service, or from the Privacy Office in your facility. You can also submit your appeal electronically at www.dhs.state.ia.us/appeals.asp.

Appeals Section, 5th Floor
Iowa Department of Human Services
1305 E Walnut Street
Des Moines IA 50319-0114

Time Limits. To get a hearing, **you must mail your appeal within 30 days** of the date of decision on this form. The DHS Director can approve a late appeal if the Director finds that there is a good reason for the appeal being late. There will be no hearings for appeals filed more than 90 days after the date of the notice.

Granting a Hearing. DHS will determine whether a hearing will be held. If a hearing is held, you will get a letter telling you of the procedure for the hearing. If a hearing is not granted, you will get a letter telling the reason and what steps you can take at that point.

Presenting Your Case. If an appeal hearing is held, you may explain your disagreement or have someone else like a relative or friend explain your disagreement for you. You may be represented by an attorney, but DHS will not pay for the attorney. Your county DHS office has information about legal services available to you that are based on your ability to pay. You may also phone Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, phone 243-1193.

POLICY ON NONDISCRIMINATION

This action was taken without regard to race, creed, color, sex, age, physical or mental disability, religion, national origin, or political belief. If you think you have been discriminated against for any of the reasons stated above, you may file a complaint with DHS by completing a Discrimination Complaint form, which you can get from any DHS office or the DHS Diversity Programs Unit. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were discriminated against **because of** your race, creed, color, national origin, sex, religion, or disability) or the United States Department of Health and Human Services, Office for Civil Rights.

For assistance or consultation you may contact your county DHS office or:

Iowa Department of Human Services
Diversity Programs Unit 1st Fl
1305 E Walnut St
Des Moines IA 50319-0114

U.S. Department of Health and Human Services
Office for Civil Rights Region VII
601 E 12 St Rm 248
Kansas City MO 64106-2808

Iowa Civil Rights Commission
211 E Maple St 2nd Fl
Des Moines IA 50309-1858